

**South Carolina Human Affairs Commission
1026 Sumter Street, Suite 101
Post Office Box 4490
Columbia, South Carolina 29201**

Raymond Buxton, II
Commissioner

To file complaints dial (803) 737-7800
or 1-800-521-0725 (In-State only)

Housing Discrimination Complaint Form

Personal Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Hm Ph.: _____ **Cell Ph.:** _____ **Work Ph.:** _____

E-Mail Address: _____ **Date of Birth:** _____

Best time to reach you

Please check all that apply:

☐

Morning

☐

Afternoon

☐

Evening

Alternative Contact Information

Contact Person: _____

Daytime Number: _____

Evening Number: _____

Best time to reach you

☐

Morning

☐

Afternoon

Best time to reach you

☐

Morning

☐

Afternoon

Please check all that apply:

☐

Evening

Please check all that apply:

☐

Evening

Complaint Information

- 1. What happen to you? How were you discriminated against? For example: Were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened. (If you need additional space please use the attached sheet.)**

-Continued-

- 2. Why do you believe you are being discriminated against? It is a violation of the law to deny you your housing rights for any of the following factors:**

Race, Color, Religion, Sex, National Origin, Familial Status (Families with children under 18), or Disability.

For example: Were you denied housing because of your race?

Were you denied a mortgage loan because of your religion?

Were you turned down for an apartment because you have children?

Were you harassed because you assisted someone in obtaining their fair housing rights?

Briefly explain why you think your housing rights were denied because of any factors listed above.

[illegible]

3. Who do you believe discriminated against you? (Please check all that apply)

- ☐ Landlord ☐ Real Estate Agent ☐ Broker ☐ Owner
- ☐ Organization ☐ Banker ☐ Company

Name:

Address:

City / State / Zip:

Phone Number:

Name:

Address:

City / State / Zip:

Phone Number:

4. Where did the alleged act of discrimination occur? Provide the address. For example:

Was it at a rental unit?

Single family home?

Public or Assisted Housing?

A Mobile Home?

Did it occur at a Bank or other Lending Institution?

Name:

Address:

City / State / Zip:

Phone Number:

5. When did the last act of discrimination occur, _____ and is it continuous? ☐ Yes ☐ No

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